



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

FONDREN ORTHOPEDIC GP LLP
7401 SOUTH MAIN STREET
HOUSTON TEXAS 77030

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

OLD REPUBLIC INSURANCE CO

Carrier's Austin Representative

Box Number 44

MFDR Tracking Number

M4-13-1408-01

MFDR Date Received

February 5, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Procedure 62350 denied as included in allowance for another procedure. However we disagree with your denial as procedure 62350 is not bundled to 22633 per the NCCI edit list. Procedure 63042/59/20 is a bilateral procedure and was under paid. This procedure has a modifier 50 which allows an additional 50% of payment. I have attached a copy of claim, EOB, a coded operative report and additional documentation for your review. We respectfully ask that claim be reprocessed and pay accordingly."

Amount in Dispute: \$3,440.56

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The insurance carrier did not submit a response to the DWC060 request. A copy of the DWC060 was placed in the carrier representative box 44 on February 12, 2013, assigned to White Espey, PLLC. The DWC060 was signed and picked up by Tim White on February 13, 2013. A decision will therefore be issued based on the information available in the dispute at the time of the audit.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 27, 2012	63042 and 62350	\$3,440.56	\$3,440.56

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the fee guideline reimbursement for professional medical services.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 59 – Processed based on multiple or concurrent procedure rules.
- LN – This line was included in the reconsideration of the previously reviewed bill.

Issues

1. Did the requestor bill for services in conflict with the NCCI edits?
2. Did the requestor submit documentation to support the appending of modifier -59?
3. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §134.203 “(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers’ compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.”
 - The requestor billed the following CPT codes 62350, 20931, 20936, 22899, 22840, 22851, 22633, 20930 and 63042-59-50 on March 27, 2012.
 - The requestor disputes non-payment of CPT code 63042-50-59 and 62350.
 - AMA defines CPT code 63042 “Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar. Hemilaminectomy codes are unilateral by definition. If performed on both sides of the spine (bilaterally), append modifier 50.”
 - AMA defines CPT code 62350 “Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy.”
 - NCCI edits were run to identify edit conflicts. No NCCI edits conflicts were identified for disputed CPT codes 63042 and 62350, as a result, the requestor is entitled to reimbursement for the disputed services.
 - The requestor appended modifier -50 to CPT code 63042. Definition of modifier -50 is “Modifier applies to surgical procedures (CPT codes 10040-69990) and to radiology procedures performed bilaterally. Used to report bilateral procedures performed in the same operative session. Identify that a second (bilateral) procedure has been performed by adding modifier 50 to the procedure code...”
2. Per 28 Texas Administrative Code §134.203 (c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications: (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year...”
 - The requestor rendered multiple procedures during one surgical session; therefore the multiple procedure rules apply to CPT code 63042. The definition for modifier -51 is “When multiple procedures, other than E/M services, Physical Medicine and Rehabilitation services or provision of supplies (eg, vaccines), are performed at the same session by the same individual, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). Note: This modifier should not be appended to designated “add-on” codes (see Appendix D).”
 - Multiple surgery pricing logic applies to bilateral services (modifier 50) performed on the same day with other procedures. Medicare applies the multiple surgery pricing logic as follows: Medicare pays for multiple surgeries by ranking from the highest physician fee schedule amount to the lowest physician fee schedule amount; 100% of the highest physician fee schedule amount; 50% of the physician fee schedule amount for each of the other codes.

- The requestor seeks reimbursement for CPT code 63042-50 (bilateral) subject to the multiple procedure reduction. The MAR rate is \$2,636.55 at 50% \$1,318.28 x 2 (right and left side) = \$2636.56. Requestor seeks \$2,634.47, therefore this amount is recommended.
 - The requestor seeks reimbursement for CPT code 62350 not subject to the multiple procedure reduction. The MAR rate is \$ 806.79. The requestor seeks \$806.09, therefore this amount is recommended.
3. Review of the submitted documentation finds that the requestor is entitled to additional reimbursement in the amount of \$3,440.56.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$3,440.56.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$3,440.56 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	July 31, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.